

Name In Full

Certificate of Death

Leo. J. Anders

Town

County

Died at *hatoctin Furnace Frederick* MARYLAND

Date 1892 *July 20* Month *July* Day *20* Y. *8* M. *9* D. *md* Native of *md* Occupation *none*

~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~

*Female* ~~Colored~~ *Single* ~~Widower~~ Number of children living *1*

Husband of

Wife *105*

Father's Name *John Anders* Mother's Name *Mary E. Fraley*

Cause of Death Primary *Rickets & Diarrhoea* How long sick *since birth*

Death Immediate *Asthma* Accident, Suicide, Homicide

Reported by *J. O. S. Young M.D.*Address *Bredgerstown Fredrick Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Mary E. Bailey

Town

County

Died at

Montrose Hospital, Frederick Co MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 31

Age

19

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

William Bailey

Mother's

~~Maiden Name~~

Jane Bailey

Cause of

Primary

Septicemia

How long sick

2 weeks

Death

Immediate

Died at home

20

~~Accident, Suicide, Homicide~~

Reported by

J. J. Maynard

Address

17 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Brunswick Town Frederick County MARYLAND

Date 19 02 Month July Day 29 Y. 4 M. 20 D. Native of MD Occupation —

1 Male White Marrried Widow Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —

Husband of  
 Wife

Father's Name Wm Barker 105 Mother's Maiden Name Ada J. Butler

Cause of Death { Primary Cholera Infantis How long sick 3 weeks  
 Immediate Dysentery with 4 bowels Accident, Suicide, Homicide —

Reported by Levin Nash

Address Brunswick Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

July 29 1907

7 PM

Bertha May Baker

Town

County

Died at

Brunswick

Frederick

MARYLAND

Date 1902

Month

Day

July 14

Y.

M.

D.

5-1

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chas A. Baker

Mother's

Maiden Name

Mary Belle May Hew

Cause of

Primary

Acute Intestinal Catarrh

How long sick

1 week

Death

Immediate

Coronary Constriction

Accident, Suicide, Homicide

Reported by

Kevin W. Webb

Address

Brunswick

Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1111 11 1007

10 Am



Name in Full

Certificate of Death

Greenberry H. Baker

Town

County

Died at *Hempston* *Frederick*

MARYLAND

Date *1902* *July* *15<sup>th</sup>* *Age* *78* *Y.* *M.* *D.* *23* *Native of*  *Md.* *Occupation* *Farmer*

*Male* *White* *Married* *Widow* *Divorced*  
*Female* *Colored* *Single* *Widower* *Number of children living* *5*

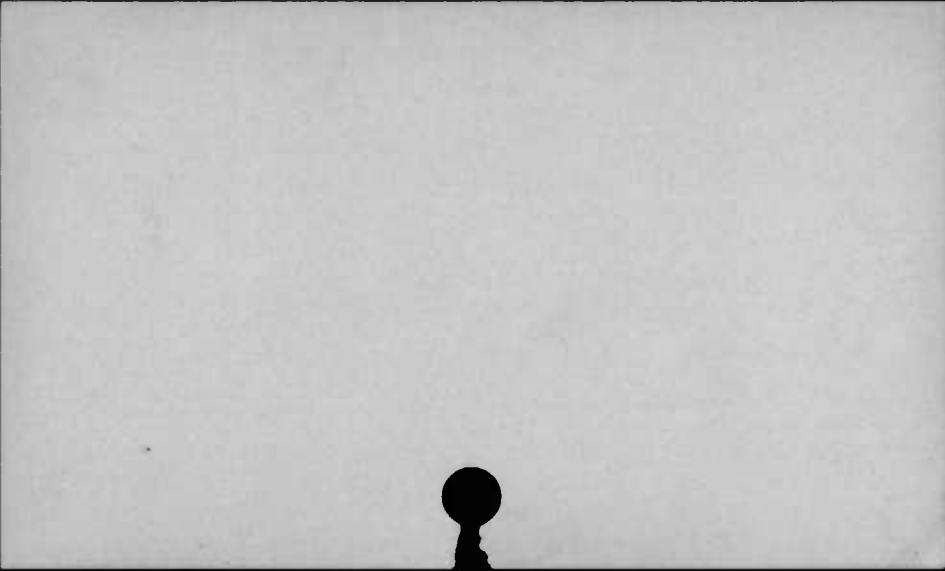
Husband  
of

Wife

Father's Name *Thomas Baker* Mother's Name *Mary Baker*

Cause of Death { Primary *Hemiplegia* Immediate *4 days* How long sick  
 Accident, Suicide, Homicide

Reported by *D. Claude Fout*Address *Hempston* *Maryland*Must be signed by physician, if any in attendance, otherwise by *Funeral* *Director*, undertaker or minister.



Elizabeth Stalling Barford

Died at

Stevens

Frederick

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

1

4

Age

69

1

26

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2.

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Alfred Barford.

79

Cause of

Primary

Mitral Insufficiency

How long sick

4 months

Death

Immediate

Uraemic Coma

Accident, Suicide, Homicide

Reported by

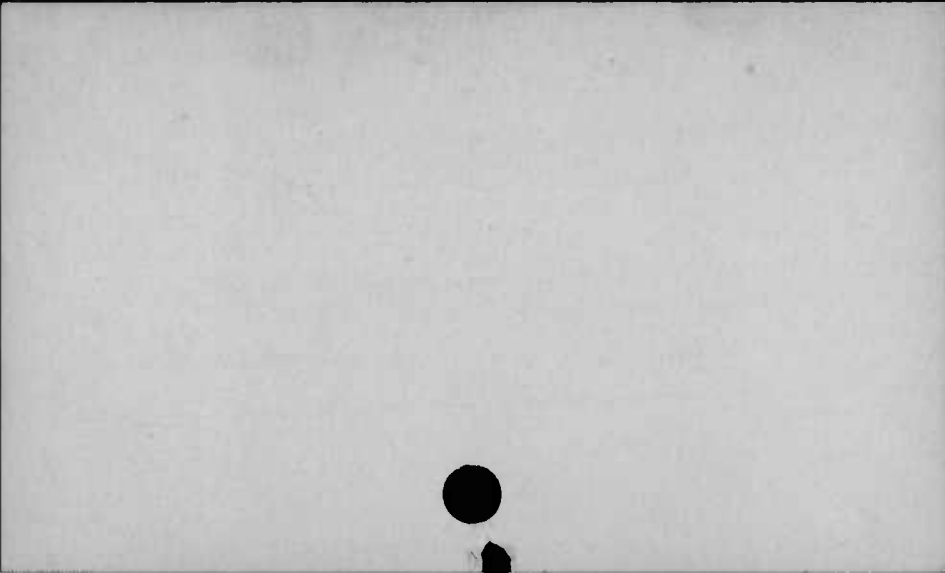
A. H. Crenley.

Address

Adams Avenue

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md



Mrs Elmer C Barriette

Town

County

Died at

Waltham

Hudon

Corn

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

6 of Aug

Age

84 7-25

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Simon Barriette

Wife

Father's

Name

A C Buehler

Mother's

Maiden Name

Cause of

Primary

old age

154

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Leha W Seld, broy, Mc, W.

Address

Waltham  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Adna B. Bateman

Town

County

MARYLAND

Died at Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

23

Age

45

Frederick

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's Name Elkanah Bateman

Mother's

Maiden Name

Cause of

Primary

Pulmonary Phthisis

How long sick

5 years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. G. McLaurens

Address

Frederick MD

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000





Matilda C. Black

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 8

Age 65

Md

Retired

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

~~Husband~~

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Raymond James Burrier

Died at <sup>Town</sup> Rocky Springs <sup>County</sup> Frederick MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 July 18 Age 3

Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband  
of

Wife

Father's Name Harry Burrier Mother's Maiden Name Mary McKensy

Cause of Primary Death Immediate  
Heats  
How long sick 8 Hours  
Accident, Suicide, Homicide

Reported by F. Schroeder, Undertaker

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



David Cruser.

Town

County

MARYLAND

Died at

Morningside

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 19

Age

55

Frederick Md

Laborer

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

+

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Gastro-Intestinal Catarrh

How long sick

Several mos.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. S. Maynard

Address

17 Breckinridge St.

106

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Countee

Town

County

Died at

MARYLAND

Bartonsville

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

7

23

Age

—

2

—

County

—

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

=

Wife

Father's

Name

Samuel

Mother's

Name

Mary

Cause of

Primary

How long sick

Death

Immediate

Summer Complaint

Accident, Suicide, Homicide

Reported by

C. C. Coats, Undertaker,  
Frederick, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REBER

Burns at Bastonville



*Lewis Crawford*

Died at *Salisburyville, Frederick* County *MARYLAND*

Date 1902 *July - 7 -* Month *July* Day *7* Y. *78* M. *-* D. *-* Native of *Maryland* Occupation *Merchant*

Male *White* Married *Widow* Divorced *-*  
 Female *Colored* Single *-* Widower *-* Number of children living *-*

Husband of *Edgar M. Crawford*  
 Name *Thos Crawford* Maiden Name *Susan Gentry*

Cause of Death { Primary *Cerebral Paresis* How long sick *1 year*  
 Immediate *let* Accident, Suicide, Homicide *-*

Reported by *E. C. Kefauver M.D.*  
 Address *Chesmont, Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Martha A. Delanter*  
 Town *Elberton* County *Fredrick* MARYLAND

Died at *Elberton* Month *7* Day *23* Y. *66* M. *4* D. *13* Native of *Md* Occupation *Housewife*  
 Date 19 *02*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living *3*

Husband of *Israel Delanter*  
 Wife  
 Father's Name *George Hildeballe* Mother's Name *Mary Goodman*

Cause of Death { Primary *79* Immediate *Valvular Disease of Heart* How long sick *23 mo.*  
 Accident, Suicide, Homicide

Reported by *Ralph Browning*  
 Address *Myersville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Town Wolfsville County Duble Frederick MARYLAND  
Month 7 Day 27 Y. M. D. Native of md Occupation  
Date 1902 Age md  
~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
Female ~~Colored~~ Single Widower Number of children living       

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

accident to mother

How long sick

Still born

Death

Immediate

miscarriage~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. J. Smith M.D.  
Wolfsville  
md



Name in Full

Certificate of Death

MARYLAND

Name *Bessie Duckert*  
 Died at *New Market, Frederick*  
 Town County

Date 1902 *July 19* Month Day Y. M. D. Age *6*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband  
 of  
 Wife

Father's Name *Clarence Duckert* Mother's Maiden Name *Ruth Dorsey*

Cause of Death { Primary Immediate *Whooping cough* } How long sick  
~~Accident, Suicide, Homicide~~

Reported by *Isaac S. Russell*  
 Address *New Market Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Quisney

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 31

Age

X

5

-

60

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or miniater.

LIBRARY BUREAU, 75898

Interment at Greenpoint

" Aug 1<sup>st</sup>

A. F. Rice ~~Widow~~

*William E. Dull*

Died at *West Falls* Town *Fredrick* County MARYLAND

Date 19*02* *July 31* Month Day Y. M. D. Native of *Md.* Occupation  
 Male White Married Widew Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary *Whooping Cough* Immediate *Congestion of Lungs* How long sick *one visit* Accident, Suicide, Homicide

Reported by *Thomas P. Sappington M.D.*

Address *Unionville Maryland,*

Must be signed by physician, if any in attendance. otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Henry Dutrow

Died at <sup>Town</sup> Near Middletown <sup>County</sup> Frederick MARYLAND

|                   |                    |                   |                    |                     |       |       |                             |                     |
|-------------------|--------------------|-------------------|--------------------|---------------------|-------|-------|-----------------------------|---------------------|
| Date 1902         | Month July         | Day 9             | Age 73             | Y. 0                | M. 11 | D. 11 | Native of Md                | Occupation Cooperer |
| Male              | White              | Married           | <del>Widow</del>   | <del>Divorced</del> |       |       |                             |                     |
| <del>Female</del> | <del>Colored</del> | <del>Single</del> | <del>Widower</del> |                     |       |       | Number of children living 7 |                     |

Husband of Catherine Crone

|                            |                                  |
|----------------------------|----------------------------------|
| Father's Name Henry Dutrow | Mother's Maiden Name May Summers |
|----------------------------|----------------------------------|

|                |           |              |                             |
|----------------|-----------|--------------|-----------------------------|
| Cause of Death | Primary   | Drunk 84 177 | How long sick about 1 year  |
|                | Immediate | Paralysis    | Accident, Suicide, Homicide |

Reported by Wm B Woodcock undertaker

Address Middletown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Physician in attendance

A A Lamar, M.D. Middleton, M.D.  
who was absent from town

Name in Full

Certificate of Death

Charles Ecker

Town

County

Died at

Weldon

Frederick

MARYLAND

Date 19

02

Month

7

Day

17

Y.

0

M.

5

D.

18

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Emory Ecker

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Cholera infantum

How long sick

3 days

Accident, Suicide, Homicide

Reported by

C P Bailey

Address

P.O. Weldon

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908





Name in Full

Certificate of Death

John Fox  
 Town County  
 Died at Mc. Raig, Fredrick  
 Maryland  
 Date 1902 7 5 Y. M. D. Age 88.0, 4  
 Male White Married Widower  
 Female Colored Single Number of children living 4  
 Occupation Md. Farmer

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

0170113/25



Name In Full

Certificate of Death

Joseph Henry Freshman

Died at

Town

County

Mt. Kato - Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7. 16

Age

17. 4. 19

Md

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Susie Freshman

Cause of

Primary

How long sick

8 days

Death

Immediate

Enteritis 106

Accident, Suicide, Homicide

Reported by

A. O. Leile

Address

Mt. Clearmont

SV d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76208



Name In Full

Certificate of Death

Raymond B. Fultz -  
 Town County  
 Died at Mount Airy, Frederick MARYLAND  
 Date 1902 July 20 Y. M. D. Age 1-1-8 Native of Ind Occupation  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living

Husband of  
 Wife  
 Father's Name Wm. Fultz - Mother's Maiden Name Mary. Sheets  
 Cause of Death Primary Immediate  
 How long sick 8 Wks  
 Accident, Suicide, Homicide

Reported by M. A. Croager (Undertaker)  
 Address Mount Airy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Oliver Irene Ferry

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Johnsville Frederick  
 July 17 Age 29-6-6 Md. Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living one

~~Widow~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

William Ferry  
 John F. Riley Emma Strausburg  
 Pulmonary Consumption About 2 yrs.  
 Heart Failure Accident, Suicide, Homicide

Reported by

Address

F. H. Sidwell M. D. 27  
 Johnsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

9-9-6

100-7-11



Name in Full

Certificate of Death

Samuel E. Grogg

Town

County

Died at

Brewersville

Frederick-

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 30

Age

5-

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

Samuel Grogg

Mother's

Maiden Name

Carrie Rippe

Cause of

Primary

Cancer of prostate

How long sick

4 or 5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Rev. W. H. H. H.

Address

Brewersville

Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BOSTON, 1900

JUL 30 1902

4 30 Pm

Name in Full

Certificate of Death

Hahn, Chas W.

Town

County

Died at Frederick

Frederick

MARYLAND

Date 1890 7 - 28 Age 47 - 7 - 20 Fredrick Kimmel  
 Male White Married Widower Divorced  
 Number of children living 4

Husband of Ida Sawyer

Father's Name Adolph Hahn

Mother's Name Caroline

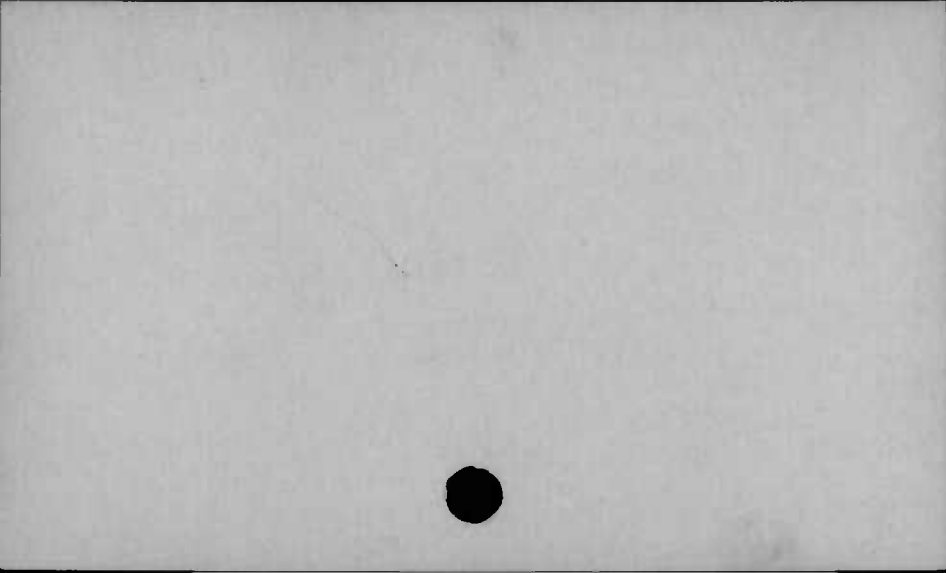
Cause of Death { Primary Chronic Parenchymatous Hepatitis - 2 yrs  
 Immediate Aethmia & Coma  
 How long sick  
 Accident, Suicide, Homicide

Reported by W. P. Fahrney MP

Address Frederick. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008



Name In Full

Certificate of Death

Laura Hill

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

July 23

Age

42 yrs

Md.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

James Hill

Cause of

Primary

Syphilis

36

How long sick

1 Mo.

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. J. Maynard

Address

17 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name In Full

Certificate of Death

Florence A. Nines

Died at Reels Mill Frederick MARYLAND

Date 19 02 July 14 Age 40 Maryland Housewife  
 Male White Married Widow Divorced  
 Female Colored Singla Widower Number of children living 6

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Thomas M. Nines  
Sheets 136  
136

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Placenta previa 3 weeks  
Hemorrhage

J. M. Gaudeman M.D.  
Frederick Md.

Mount Olivet

July 15 02



Name In Full

Certificate of Death

Died at *Middletown* Town *Frederick* County *MARYLAND*  
 1902 Month Day Y. M. D. Native of Occupation  
 Date 189 *July 25* Age *7 hours* *md*  
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of *Infant Child*  
 Wife  
 Father's Name *Frank C. Hoffman* Mother's Name *Estelle Hoffman*  
 Name

Cause of Primary *Premature birth* How long sick  
 Death Immediate *Coloque* 151 Accident, Suicide, Homicide

Reported by *A. A. Lamon M.D.*

Address *Middletown, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Time  
Full

*David Marshall Hoke*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

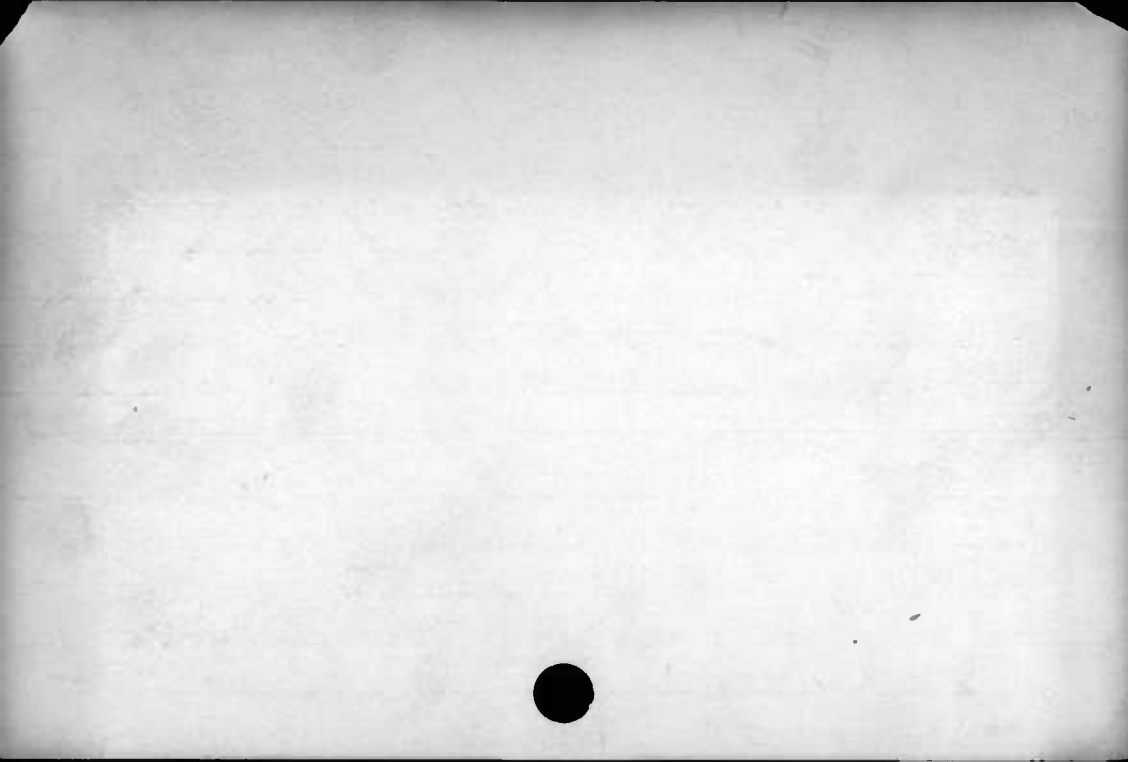
|  |                            |                                    |                                      |                 |               |
|--|----------------------------|------------------------------------|--------------------------------------|-----------------|---------------|
| Died at <i>Frederick</i> <sup>Town</sup>   |                            | <i>Frederick</i> <sup>County</sup> |                                      | MARYLAND        |               |
| Date of death 1907                         | Month <i>July</i>          | Day <i>20</i>                      | Age <i>2</i>                         | Months <i>2</i> | Days <i>8</i> |
| Sex <i>Male</i>                            | Color or Race <i>White</i> |                                    | Birth-place <i>Frederick</i>         |                 |               |
| Married, Single or Widowed <i>Child.</i>   |                            |                                    | Occupation <i>—</i>                  |                 |               |
| Name of Wife or Husband <i>—</i>           |                            |                                    |                                      |                 |               |
| Father's Name <i>Henry H. Hoke</i>         |                            |                                    | Father's Birthplace <i>Frederick</i> |                 |               |
| Mother's Maiden Name <i>Fannie H. Hoke</i> |                            |                                    | Mother's Birthplace <i>W. Va.</i>    |                 |               |
| Name of person giving information          |                            |                                    | How related to deceased              |                 |               |

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|  |                                  |   |            |
|--|----------------------------------|---|------------|
| Primary  | <i>Gastro-intestinal Catarrh</i> | How long                                      | <i>105</i> |
| Immediate  | <i>Exhaustion</i>                | How long                                      |            |
| Are the name, age, sex, color, date and place correctly given above? |                                  | Signature of Physician <i>B. H. Hoke M.D.</i> |            |
|  |                                  | Address <i>134 N. Market St.</i>              |            |
| Accident or Suicide?   |                                  | <i>Frederick, Md.</i>                         |            |



Roy Lewis Johnson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cholera &amp; Typhoid fever - Poisoning

How long sick

2 days

Death

Immediate

Commissions

~~Accident, Suicide, Homicide~~

Reported by

J. S. H. Haysward

105

Address

7 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mable Naomi Kinna*  
 Town *Harmon* County *Frederick* MARYLAND  
 Died at *Harmon*  
 Date 19 *02*, Month *7*, Day *26*, Age *17* Native of *Md.* Occupation *—*  
 Male ☒ White Married ☒ Widow Divorced ☒  
 Female ☐ Colored Single ☐ Widower Number of children living *—*  
 Husband of *—*  
 Wife *—*  
 Father's Name *Elmer Kinna* Mother's Maiden Name *Anna Mable*  
 Cause of Death { Primary Immediate *Peritonitis, 116* How long sick *3 days*  
 Accident, Suicide, Homicide *—*  
 Reported by *Ralph Bowman*  
 Address *Millsville, Md.*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





George W. Layman

Town

County

Died at

MARYLAND

Date 19

Male

White

Age

Married

Widow

Divorced

Occupation

Farmer

Number of children living

6

Husband of

~~Wife~~

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Lipsey

Town

County

MARYLAND

Died at Hattersville Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 12

7

24

Age

45

Co.

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Six

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

42

Cause of

Primary

Uterine Cancer

How long sick

18 months

Death

Immediate

Accident, Suicide, Homicide

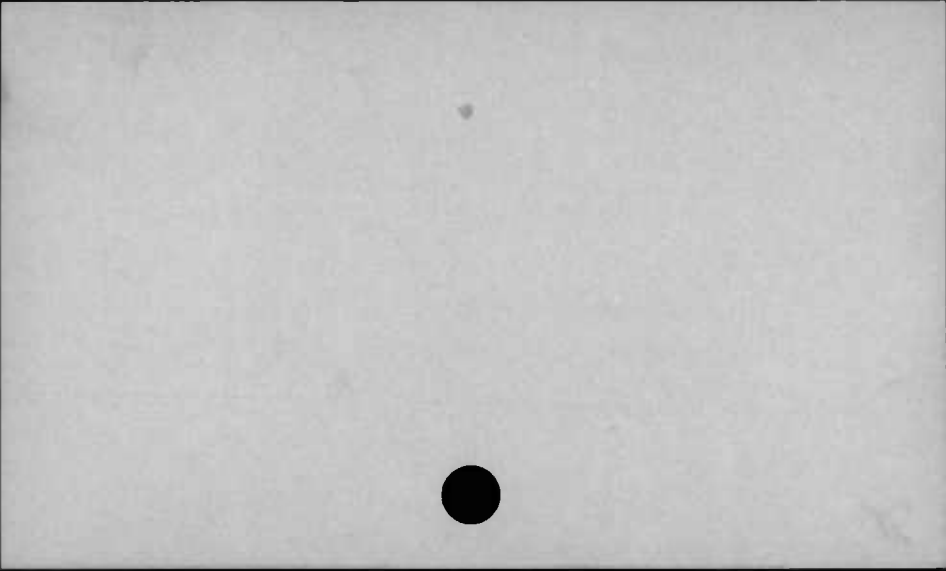
Reported by

J. S. Mcodemus M.D.

Address

Hattersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full:

Certificate of Death

Rachael May Madden

Near  
Died at

Town

Woodsbrow

County

Frederick

MARYLAND

1902  
Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

July 24

Age

0

0

12

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~

Husband  
of

Father's  
Name

Elmer Madden

Mother's

Name

Caroline Virginia Brown

Cause of

Primary

Cerebral abscess

74

How long sick

12 days

Death

Immediate

Paralysis of brain

~~Accident, Suicide, Homicide~~

Reported by

C. A. Stultz M D

Address

Woodsbrow

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

David L. Mahorney

Town

County

MARYLAND

Died 1902

Araby

Frank

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

13

Age

80

9

21

Md

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband

of

Rebecca Mahorney deceased

~~Wife~~

Father's

Name

Samuel Mahorney

Mother's

Name

Margaret Mahorney

Cause of

Primary

Acute Dysentery

How long sick

1 day

Death

Immediate

Paralysis of throat

~~Accident, Suicide, Homicide~~

Reported by

G. J. Sordelle mpe 14

Address

Frederick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65966

Mt Oliver -

July ~~17~~ 15<sup>th</sup> 02

|       |       |    |
|-------|-------|----|
| 1902  | T     | 13 |
| 1892  | 1-11- | 22 |
| <hr/> |       |    |
| 80    | 9-    | 21 |



Name in Full *Eli Miller*

Town *Rocky Ridge* County *Fredricks* MARYLAND

Died at *Rocky Ridge*

Date 1902 *July 21* Month *July* Day *21* Age *71. 6. 11* Y. *71* M. *6* D. *11* Native of *Ind.* Occupation *None*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *2*

Husband of *Mary Virginia Boogher*

Wife of *Joah Miller* Father's Name *Joah Miller* Mother's Maiden Name *Susan Mehning*

Cause of Death { Primary *Dysentery* Immediate *Heart failure* } How long sick *14 days (6)*

~~Accident, Suicide, Homicide~~

Reported by *Chas. H. Fille*

Address *J. D. A. Creek* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Esabella Monroe

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

7-12

Age

Y.

M.

D.

105

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

None of children living

Husband

of

Wife

Father's

Name

H. C. Monroe

Mother's

Maiden Name

Mollie M. Monroe

Cause of

Primary

Cholera Infantum

How long sick

8 weeks

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

H. T. Hedges

Address

Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

JUL 12 1902

6 P m

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

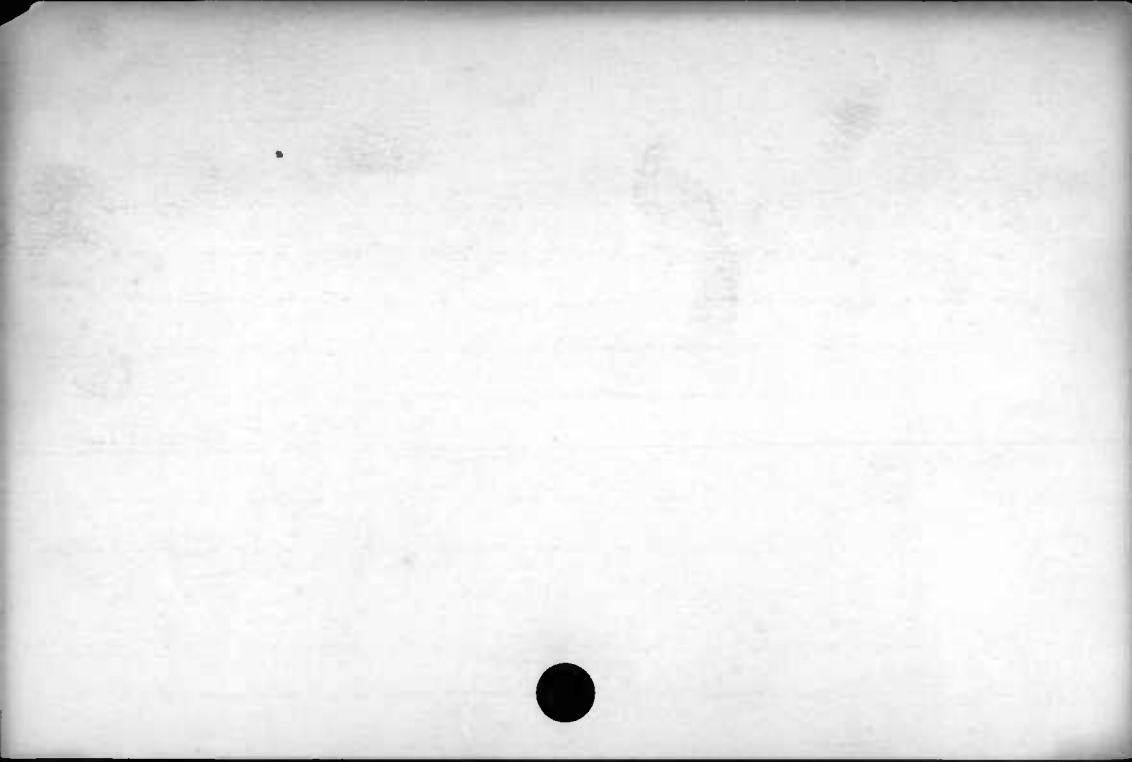
|   |                            |                         |                              |                |                  |
|---|----------------------------|-------------------------|------------------------------|----------------|------------------|
| Died at <i>Frederick</i> Town             |                            | <i>Frederick</i> County |                              | MARYLAND       |                  |
| Date of death 190 <i>2</i>                | Month <i>July</i>          | Day <i>16</i>           | Age                          | Years <i>2</i> | Months <i>22</i> |
| Sex <i>Male</i>                           | Color or Race <i>white</i> |                         | Birth-place <i>Frederick</i> |                |                  |
| Married, Single or Widowed                |                            |                         | Occupation                   |                |                  |
| Name of Wife or Husband                   |                            |                         |                              |                |                  |
| Father's Name <i>Fred. B. Nellinger</i>   |                            |                         | Father's Birthplace          |                |                  |
| Mother's Maiden Name <i>May Nellinger</i> |                            |                         | Mother's Birthplace          |                |                  |
| Name of person giving information         |                            |                         | How related to deceased      |                |                  |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Cholera Infantum</i>   | How long <i>4 days</i>                           |
| Immediate <i>Exhaustion</i>   | How long   |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. M. Goodman M.D.</i> |
|   | Address <i>Frederick, Md.</i>                    |
| Accident or Suicide?  |  |



Name in Full

Certificate of Death

Gertie Ochara

Town

County

Died at

Reelsville

Frederick

MARYLAND

Date 1902.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902.

July 13

Age

18-7-11

U.S.

School girl

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

Charles Ochara

Mother's  
Name

Fannie Ochara

Cause of

Primary

Sarcoma

Death

Immediate

Exhaustion

45

How long sick

11 weeks

~~Accident, Suicide, Homicide~~

Reported by

George H. Riggs M.D.

Address

Jamesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808





Name in Full

Certificate of Death

Lottie Grace Pedicord  
 Died at <sup>Town</sup> ~~Oak Hill~~ <sup>County</sup> ~~Fredrick~~ MARYLAND  
 Date 1902 <sup>Month</sup> July <sup>Day</sup> 23 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 0-9-14 <sup>Native of</sup> <sup>Occupation</sup>   
~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~   
~~Female~~ <sup>Colored</sup> <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup>

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79804



Elizabeth Phillips -

Town Liberty County Fredrick MARYLAND

Died at 1902 Month July Day 30 Y. 47 M. 11 D. 22 Native of Maryland Occupation Housewife

Date 1902 July 30 Age 47 11 22 Maryland Housewife

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living one

~~Husband~~ of Thomas R. Phillips

Wife Thomas R. Phillips

Father's Name Thomas H. Harris Mother's Name Mary E. Blaney

Cause of Primary Nervous prostration How long sick 10 days

Death Immediate Heart-failure 179 Accident, Suicide, Homicide

Reported by J. Thomas Lewis

Address Liberty town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Porter - Steel-bark

Near *Indrieth* Town

County

MARYLAND

Died at *Indrieth* Month *7* Day *7* Y. *—* M. *—* D. *—* Native of *Us -* Occupation *X*

Date 19 *02* Age *—*

☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of *X*

Wife *X*

Father's Name *C. V. Porter* Mother's Maiden Name *Miss Julia Brown*

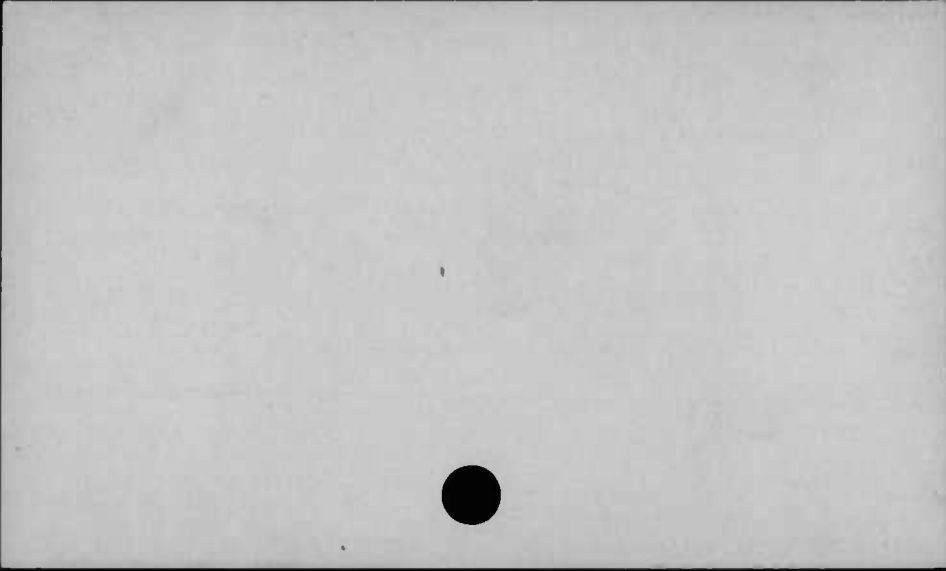
Cause of Death { Primary *Premature Birth* Immediate *Asphyxia* } How long sick *—* Accident, Suicide, Homicide ☐

Reported by *Franklin Budman Quirk*

Address *Indrieth* *Indrieth*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Barbara Schordel

## CERTIFICATE OF DEATH

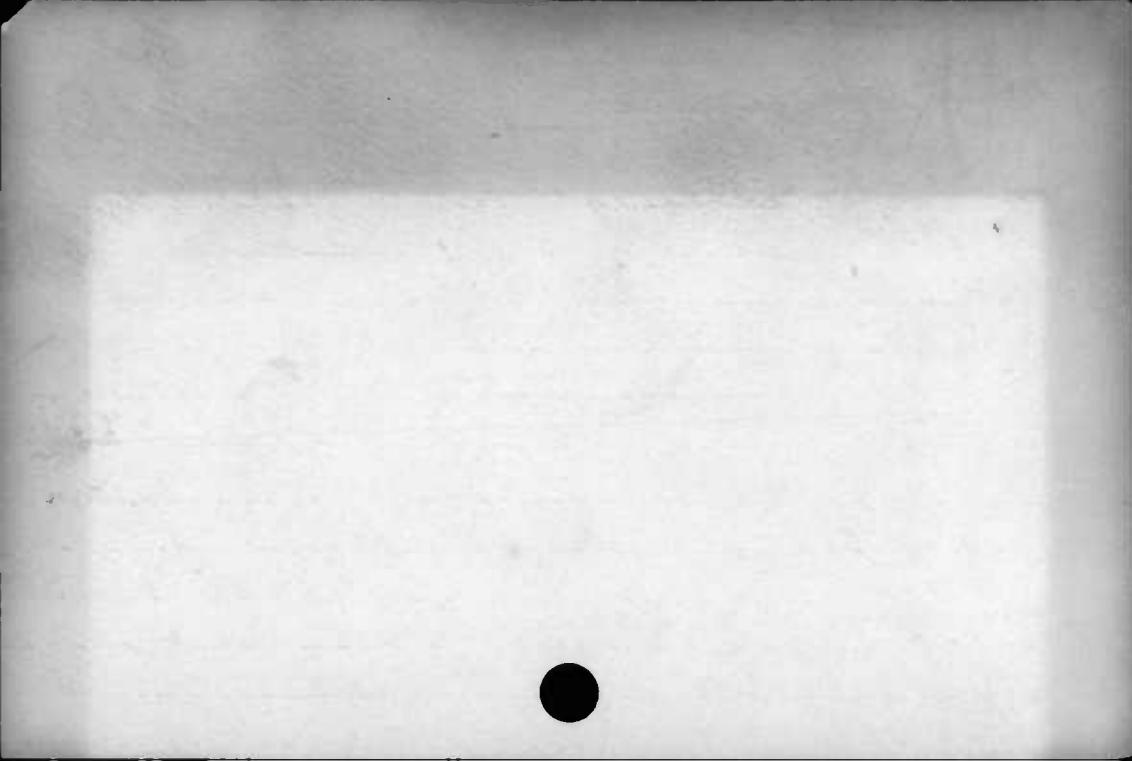
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                  |   |                                   |                            |                   |                     |      |
|--|----------------------------------|---|-----------------------------------|----------------------------|-------------------|---------------------|------|
| Died at  |                                  | Town<br><i>Frederick</i>                      |                                   | County<br><i>Frederick</i> |                   | MARYLAND            |      |
| Date<br>of death 190   |                                  | Month<br><i>July</i>                          | Day<br><i>10</i>                  | Age<br><i>83</i>           | Years<br><i>6</i> | Months<br><i>14</i> | Days |
| Sex<br><i>Female</i>   | Color or<br>Race<br><i>White</i> |   | Birth-<br>place<br><i>Germany</i> |                            |                   |                     |      |
| Married, Single<br>or Widowed<br><i>Widow</i>                        |                                  | Occupation<br><i>none</i>                     |                                   |                            |                   |                     |      |
| Name of Wife or<br>Husband<br><i>Charles Schordel, dec'd.</i>        |                                  |   |                                   |                            |                   |                     |      |
| Father's<br>Name<br><i>Unknown</i>                                   |                                  | Father's<br>Birthplace<br><i>Germany</i>      |                                   |                            |                   |                     |      |
| Mother's<br>Maiden Name<br><i>Unknown</i>                            |                                  | Mother's<br>Birthplace<br><i>Germany</i>      |                                   |                            |                   |                     |      |
| Name of person giving<br>In formation<br><i>Mrs. Christ. Hiltner</i> |                                  | How related<br>to deceased<br><i>Daughter</i> |                                   |                            |                   |                     |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |                                     |
|---|--|-------------------------------------|
| Primary<br><i>Hypertension</i>  | How long<br><i>6x</i>                            | Found dead<br><i>in bed</i>         |
| Immediate<br><i>Apnoea</i>  | How long<br><i>in bed</i>                        |                                     |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>yes</i> | Signature of<br>Physician<br><i>S. V. Deffen</i> | Address<br><i>Frederick<br/>Md.</i> |
| Accident or Suicide?  |  |                                     |





Name In Full

Certificate of Death

Susannah Shaff

Town

County

Died at

Jefferson

Frederick

MARYLAND

Date 19

02

Month

Day

7 28

Age

81.9.24

Native of

Occupation

Hunter

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

154

Cause of

Primary

General Debility

How long sick

1 year

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

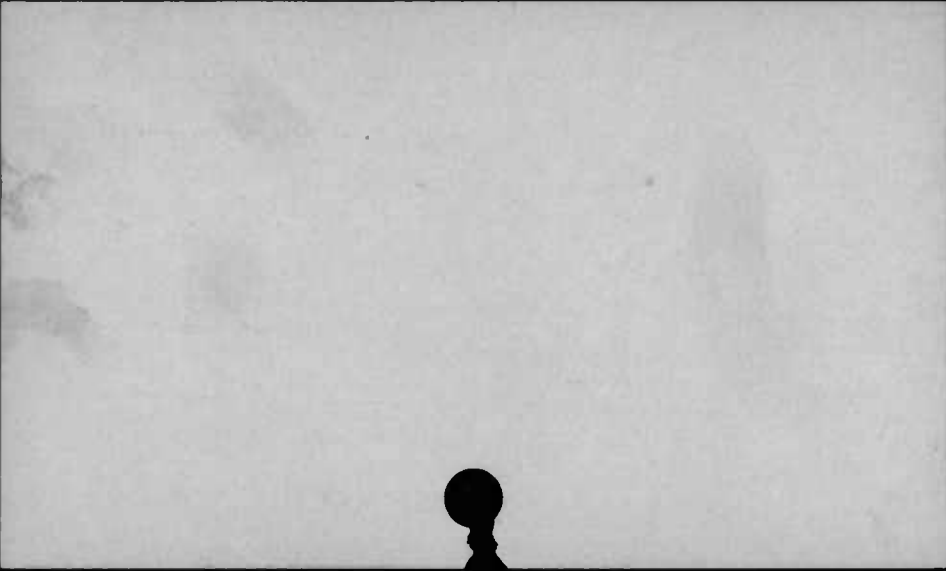
H. Botcher Evans M.D.

Address

Jefferson Frederick Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79996



Name in Full

Certificate of Death

Edward Simm

Died at *Frederick*

Town

County

"

MARYLAND

Date *Nov 02* Month *7* Day *19* Y. *02* M. *7* D. *19* Native of *md* Occupation *Retired*

Male *White* ~~Marr~~ ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *6*

Husband of *Eveline P. Simm*Father's Name *Henry Simm*Mother's Name *Catherine Bier*

Cause of Death { Primary *Senile Debility*

Immediate *Exhaustion*

How long sick

*154*

Accident, Suicide, Homicide

Reported by

*C. J. Goodell, M.D.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

McCrady -

July 22<sup>d</sup> 1902

C. C. Crady -

Name In Full

Certificate of Death

Charles E. Smith

Town

County

Died at

Charmont

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 12

Age

51-3-26

Frederick

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Two

Husband

of

Lizzie A. E. Prachter

Father's

Name

John Smith

Mother's

Maiden Name

Anna Coblenz

Cause of

Primary

Arterio-sclerosis

How long sick

Death

Immediate

Apoplexy Cerebral

~~Accident, Suicide, Homicide~~

Reported by

E. E. Refanows M.D.

Address

Charmont, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Annie Smith

Town

County

MARYLAND

Died at

Mountain Loops

Monro

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 15<sup>th</sup>

Age

20

Housemaid

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

W. J. Smith

Mother's

Maiden Name

Linnell

Cause of

Primary

Pelvic Contusion

How long sick

10 weeks

Death

Immediate

Exhaustion

120

Accident, Suicide, Homicide

Reported by

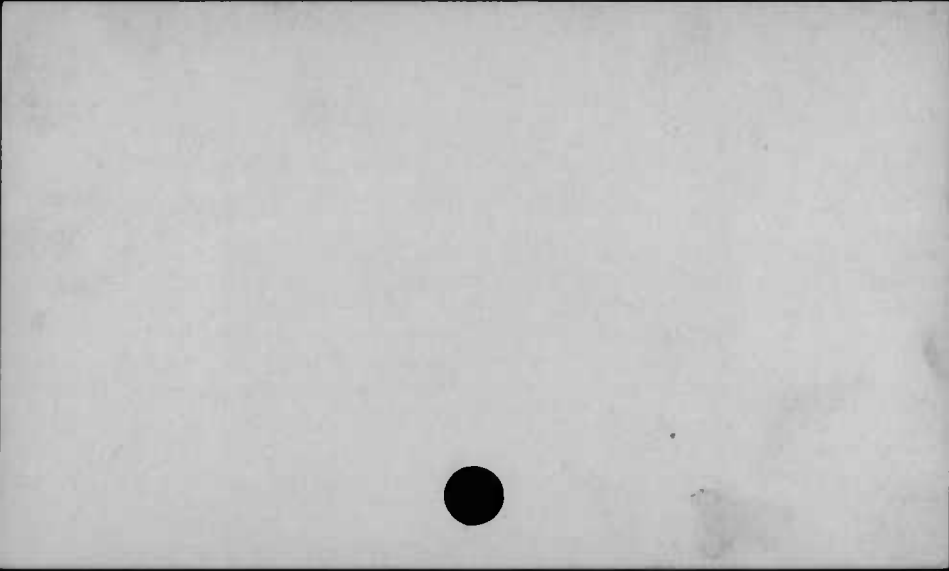
L. S. Hayward

Address

17 2<sup>nd</sup> St W

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898





Name In Full

Certificate of Death

Henrietta Stibely

near

Town

County

Died at

Woodstock Frederick

MARYLAND

Date 1802

July 12

Age 58

Y. M. D.

Native of Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Name

Jas Stibely  
Basil Smeadme

Mother's

Name

Don't know

Cause of

Primary

Dropsy 177

How long sick

1/2 an hour

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

J. H. Shavels Undertaker

Address

Woodstock

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Had no Physician  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from L. F. Shauke  
of Novelsboro  
Md.

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

George Taylor

Town

County

Month

Day

Y

M.

D.

Native of

Occupation

MARYLAND

an

7 6

Age

78

Ireland Retired

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

of

Mother's

Maiden Name

Primary

Immediate

Heart Disease

How long sick

3 days

Accident, Suicide, Homicide

J. P. Bailey F. T. Brooks M.D.

New Haven



Name in Full

Certificate of Death

*Ada L. Lumsden*

Town

County

Died at *New Lincolnton Frederick Co,*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

*7 13*

Age

*33*

*Frederick Co*

Male

White

Married

Widow ☒

Divorced

Female

Colored

Single

Widower

Number of children living *one*

Husband

of

Wife

*Franklin G. Lumsden*

Father's

Mother's

Name

Maiden Name

*W*

Cause of

Primary

*Paralysis*

How long sick

*15 days*

Death

Immediate

*Nervous shock & exhaustion*

Accident, Suicide, Homicide

Reported by

*W. G. McComas*

Address

*Frederick Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Francis Armeda Wilkerson

Town

County

Died at

Burrkittsville

Anne

State

MARYLAND

Date 1902 July 22 Age 8.2 Native of Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Eugene Wilkerson

Mother's

Maiden Name

Fanny Kamm

Cause of

Primary

Cholera Infantum.

How long sick

about 10 days.

Death

Immediate

105

~~Accident, Suicide, Homicide~~

Reported by

E. N. Schittreck

M. W.

Address

Burrkittsville

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Elizabeth Wilyard

Town

County

MARYLAND

Died at

Hoxville

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July - 8 -

Age

21.6.19

Kid

Housewife

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

4

~~Husband~~

of

Wife

Father's

Name

Cause of

Primary

Epilepsy

How long sick

1 year

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

E. E. Refauver

Address

Charmont, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

Alfred Joseph Wood

Town

County

Died at

Petersville Fred

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 31

Age

- 7 -

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Estate~~

Colored

Single

~~Widow~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Mary Wood

Cause of

Primary

Cholera Infantum

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Samuel Clayton 105

Address

Petersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah E. Wriagh

Town

County

Died at

Point of Rocks Frederick

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

July 9

Age

74 9 25

Va

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

~~Husband~~

of John C. Wriagh-

Wife

Father's

Name

John Divine

Mother's

Name

106

Cause of

Primary

Gastro Enteric Catarrh

How long sick

Two Years

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

R. M. Trappell M.D.

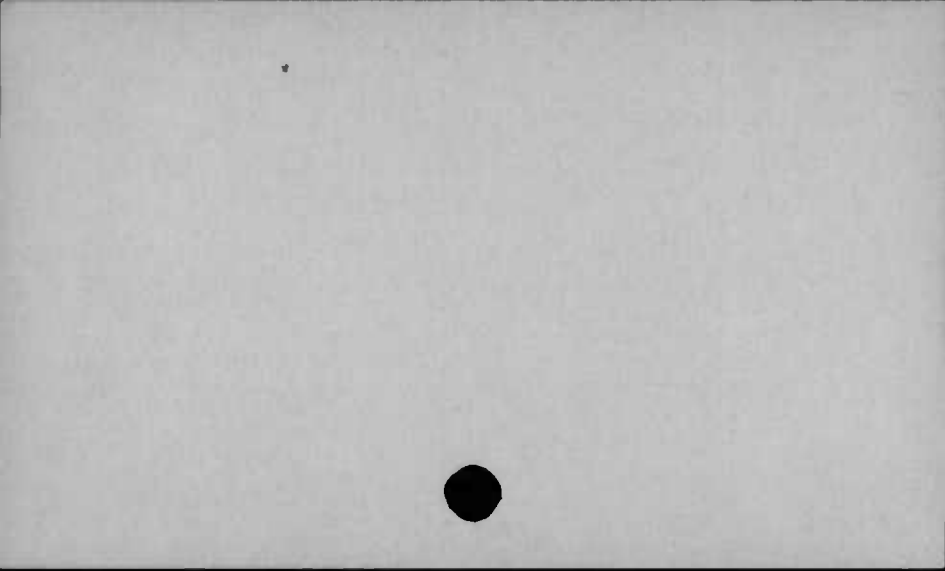
Address

Point of Rocks

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Oliver F. Young

Died at *Fredricks*

Town

County

MARYLAND

|                   |                |               |               |                           |             |             |                     |                             |
|-------------------|----------------|---------------|---------------|---------------------------|-------------|-------------|---------------------|-----------------------------|
| Date 19 <i>02</i> | Month <i>7</i> | Day <i>10</i> | Age <i>69</i> | Y. <i>6</i>               | M. <i>—</i> | D. <i>—</i> | Native of <i>md</i> | Occupation <i>Plasterer</i> |
| Male              | White          | Married       | Widow         | Divorced                  |             |             |                     |                             |
| Female            | Colored        | Single        | Widower       | Number of children living |             |             |                     |                             |

Husband of *Harriet Young*

Father's Name *Henry Young* Mother's Maiden Name *Pusan Young*

|          |           |                             |                             |                |
|----------|-----------|-----------------------------|-----------------------------|----------------|
| Cause of | Primary   | <i>Carcinoma of Stomach</i> | How long sick               | <i>2 weeks</i> |
| Death    | Immediate | <i>Exhaustion</i>           | Accident, Suicide, Homicide |                |

Reported by *Chas. F. Goodell. M.D.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79223





Elias Zimmerman

Died at <sup>Town</sup> Near Frederick County <sup>State</sup> Frederick MARYLAND

Date 1902 July 22nd Age 82 10 12 Native of Md Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~ Widower Number of children living 5

Husband of Charlotte Young

Father's Name George Zimmerman Mother's Name Charlotte Young

Cause of Death { Primary Old age, 154 Immediate Cardiac failure

How long sick about 3 weeks

Accident, Suicide, Homicide

Reported by Frank Hedger M.L.

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

